Medical Corps Newsletter

AUTUMN 2017

SPECIAL POINTS OF INTEREST:

- **Command Slate**
- **New Webpage**
- **MedMacre**
- **Leadership**
- **Special Pays**

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From the Corps Chief...

Medical Corps Colleagues -

First, congratulations to all our newly selected Commanding Officers, Executive Officers, Chief Medical Officers, and Officers-in-Charge (see page 4 for the full list!). Your well-deserved selection should be collectively celebrated as you have been hand-picked as a physician leader and standard bearer to help lead Navy Medicine to the next level. We are all looking forward to the great things you will achieve in your new role.

It would be an understatement to acknowledge that there are many issues affecting the Medical Corps and Navy Medicine today and honestly, these issues come with some uncertainty. In the next two fiscal years, there will be change, largely driven by Navy Medicine's response to external factors (e.g., FY 17 National Defense Authorization Act).

It is easy to get caught up in the churn and angst. Don't! If this was easy, anyone could do it--you are in uniform today because you are exactly who we need at this time in our history. First, know that the changes on the horizon are being done to better support our operational forces and their missions. Second, have faith that at every turn, today's leaders are listening to and advocating for you, your shipmates and the patients for whom we are privileged and called to care. Lastly, trust in the system--it is built to endure. Those involved in Navy Medicine in 1940 or even 1980 would not recognize the system we have in place today, yet it is second to none. Despite successes, if our health service support system does not evolve and adapt when the environment changes, we will not only become irrelevant, we risk becoming extinct.

You deserve more than just a message of "don't worry." That's why we in the Corps Chiefs' office are redoubling efforts at communication, active listening, and, most importantly, facilitating your involvement in the issues, initiatives, and decisions that are being made from the deckplate on up.

Recently, we have navigated 15 plus years of war and drastic changes the landscape of American medicine. Throughout it all, we as a Medical Corps have thrived while providing essential leadership and advocacy for what is right. Because of you and the talented shipmates you work with every day, I know that we will continue to thrive no matter the challenge.

Thanks for all you do, every day!
PDP

Rear Admiral Paul Pearigen
Chief, Medical Corps

New Medical Corps Homepage

In an effort to improve timely communication and provide a repository of useful information, a Medical Corps Homepage has been created via the BUMED SharePoint. Please bookmark the link below and let us know if there is any further information you would like to see published on the sight! Just be sure to use the EMAIL Certificate on your CAC for access…

https://esportal.med.navy.mil/bumed/m00/m00c/M00C1/

Readiness and the Reserves...

On October 25, I had a chance to spend some time at dinner with some of our finest Medical Officers on a brief visit to Norfolk last week. CDR Danielle Wilhelm, LCDR Eric Schneider, and CDR Christopher Faust were on their way to deployment, along with CDR Johnny Sacco, NC, and we greeted Captain Arjun Chatterjee and LCDR Ludmila Gerova, returning from GITMO. We owe them a tremendous debt of gratitude for stepping up!

Also, Captain Brian Bloom and CDR Gerald Delk were able to join us – both doing great work in Norfolk supporting our deploying members. Captain John Phelps and Captain Alison Eagleton were also able to join our meeting.

Captain Phelps is pitching in at NMC Portsmouth to cover the shortfall in staffing for the deployment of the USNS COMFORT, and he was busy bringing new little sailors into the world before he could join us that evening. With Captain Eagleton leading the charge, 107 of our Navy Reserve Sailors have volunteered to help at NMC Portsmouth, and they are doing a great job!

The following day, Rear Admiral Anne Swap, the Commander of Navy Medicine East was joined by Captain Christopher Culp, CO of NMC Portsmouth, and other leaders, to thank the Reservists for being there with an afternoon welcome ceremony and cake. Although I was not able to greet each Reserve Medical Officer personally that day, it was my pleasure to talk to Captain Wayne Kruithoff, a cardiologist from Maine, and CDR Eric Parlette, a Dermatologist from Richmond. LCDR Hadley, whose truly heroic efforts made all this possible, told me that CAPT Peter Wagner, CAPT Stephen Kuriger, and LCDR Gail Webber are among the Medical Officers who were aboard that day.

These fine officers are setting the pace for readiness and supporting our active duty colleagues.

Thank you!

Very respectfully and very gratefully,

Rear Admiral Louis Tripoli
Deputy Chief of the Reserve Medical Corps

Medical Officers making things happen!

USNS COMFORT (T-AH 20) remains deployed to support hurricane relief efforts in Puerto Rico. One of the medical officers onboard is CAPT Hernán Altamar MC, who initially deployed as an urologist. However on arrival, he quickly became the medical liaison officer for the Department of Defense, capably connecting to the Puerto Rican Departamento de Salude and specifically the island's largest and most capable medical center, Centro Medico. CAPT Altamar's experience, familiarity with Puerto Rico (he was stationed there in 1999-2001), and fluency in Spanish made him a natural choice for this key role. As such, he observed the logistical situation at the medical center and the dynamics of the overwhelmed medical system ashore.

With the assistance of the entire medical team, CAPT Altamar established a "COMFORT FORWARD" call center to field calls from physicians around Puerto Rico seeking consultation and transfer of patients to the hospital ship. The immediate impact led to more effective use of the COMFORT's expansive and ready capabilities. He even found a urology patient needing care that he was able to care for on the COMFORT! His efforts are just one of several examples of the exemplary work by our Navy Medicine brothers and sisters to help our fellow Americans recover from this devastating event.

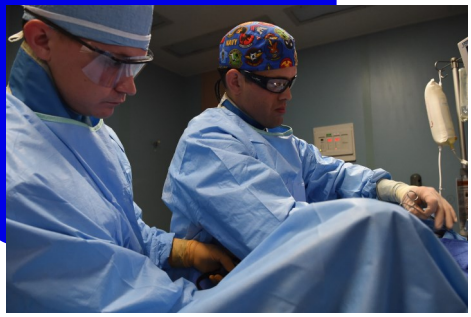

Photo Credit: CAPT Hernan Altamar

What is MEDMACRE? Where is it going?

The Medical Manpower All-Corps Requirements Estimator (MEDMACRE) was developed as a tool to determine the manpower needs of Navy Medicine to support its operational mission. Based on these projections, the Deputy Surgeon General has directed Navy Medicine to align its uniformed structure to comply with goals and direction of military medicine established in the National Defense Authorization Act.

Utilizing MEDMACRE, each corps has already executed a 20% shift toward target specialty goals. M1 (Navy Medicine Manpower) is working with all stakeholders to identify the remaining billet adjustments that will be required over the next few years. This will soon be sent out to Regional Commands for input. These adjustments are required to align our active duty force strength to show that Navy Medicine is operational-centric and does not disproportionately direct active duty resources to the beneficiary care mission.

This initiative is exceptionally complex with challenging downstream effects; many of which remain unanswered at this time. As it is implemented, the plan is not intended to result in an immediate change of personnel, but to restructure billets and training plans to meet the operational requirements of the future. To reiterate, there is no plan to forcibly separate any individual and there is no requirement for forced PCS as billets are realigned.

For more information, please visit the Medical Corps Homepage where FAQ's and a more detailed MEDMACRE brief have been posted.

Mentorship is not a passive Activity - ask for it!

Submitted by: CDR Tim Quast, Pulmonary-Critical Care, Internal Medicine Specialty Leader

For several years I have either been involved in formal mentorship programs or have been conducting career development boards, and am now in my second year as a specialty leader. It never ceases to amaze me how so many of our medical corps colleagues continue to be hungry for information on career management, how to buff one's service record, how to get promoted, and how to structure a satisfying career.

Perhaps I should not be so surprised: In my "former life" as a Surface Warfare Officer, neither I nor my colleagues were ever confused about how to structure our careers. You started off learning how to lead - usually through a knowledgeable and salty Chief - by taking baby steps as a division officer, then hopefully fleeted up into a Department Head tour, then XO and ultimately one's hope was "command at sea." No secret. The only wrinkles were in how to stuff in a joint or "DC" tour or perhaps how to obtain an advanced degree before making the leap to XO or CO.

In the Medical Corps we have numerous potential pathways and most of them don't include the equivalent of "command at sea." Very few of us go on to Executive Medicine, but many become Master Clinicians, some aspire to research excellence, others are motivated by whatever operational tour they can get involved with. All of these are noble goals, but to a freshly minted physician who has just completed residency, the choices may seem overwhelming.

Get yourself some mentorship!

Contrary to popular belief, mentorship is all around you. There are formal programs at various MTFs. I am familiar with two in particular, but I know there are more out there. At Naval Medical Center Portsmouth, CDR Shauna O'Sullivan and her colleagues have created a didactic program with guest speakers (e.g. VADM Bono, RDML Stocks, many others) leading lecture series with titles such as "What I Wish I Had Known Earlier in My Career." On the west coast at NMCSD CDR Heather Tracy chairs the Professional Development Committee and has done wonderful things such as organize a day-long symposium called "The Transition to Practice" for graduating residents, fellows, and interns going onto GMO tours. Both of these programs have been fabulous successes and I applaud them. I should add that both programs also facilitate and organize Career Development Boards which is the quintessential way to get mentorship in a small group setting with some "grey beards" who have 'been there or done that' and can review your record with objectivity – don't worry, it's kind and gentle guidance!

(Continued on next page)

Continued from Mentorship...

Networking and learning from your elders at an official course or conference is another way to gain mentorship. One great example is the MHS Female Physician Leadership Course held every spring.

AMDOC is another way to "get the gouge" both officially and unofficially through peer networking. There are many other similar opportunities – ask your specialty leader.

I do feel it is imperative for the individual to seek out mentors, whether an official program exists at your institution or not. Mentorship is not a passive exercise – you have to be the one to ask the questions and find the person who can answer them. If you want to know about operational tours and whether doing one is right for you, find that guy or gal who has the sea service ribbons on his or her chest. Ask them! I can assure you they will want to talk about it. If you want to know whether Executive Medicine is right for you, ask your Director or better, your XO or CO. Sure this may seem intimidating and YES they are busy people, but my experience has been that providing mentorship to juniors is the one aspect of their job they never tire of. If you are really stumped or just can't imagine asking your XO to give you some advice, ask your specialty leader. He or she can certainly review your record and offer you the career guidance you are seeking. Be an advocate for yourself, get yourself some mentorship.

Congratulations to the next generation of Navy Leadership!

Commanding Officers:

CAPT Robert Jackson
NH Beaufort

CAPT Richard Knittig
USNH Naples

CAPT John Rotruck
USNS Mercy

CAPT Bradford Smith
NMC San Diego

CAPT Gregory Their
FHCC Lovell (Great Lakes)

CAPT Jeffrey Timby
NMC Camp Lejeune

CAPT William Todd
USNH Sigonella

CAPT Theron Toole
NMOTC

Executive Officers:

CAPT Teresa Allen
NH Camp Pendleton

CAPT Raymond Batz
Tripler AMC

CAPT Kevin Brown
NH Jacksonville

CAPT Thomas Nelson
USNH Okinawa

CAPT Timothy Quast
USNH Rota

CAPT Carolyn Rice
NMC Portsmouth

CAPT(s) Christopher Tepera
NHC Lemoore

Chief Medical Officers:

CDR James Demitrack
NH Pensacola

CAPT Andrea Donalty
NH Bremerton

CDR Catherine Hagan
NH Jacksonville

CDR Corry Kucik
NHC Oak Harbor

CDR Matthew Matiasek
NMC Camp Lejeune

CDR Michael McDowell
NHC New England

CDR Thomas Pluim
NMC Portsmouth

Officers in Charge (OIC):

CDR Todd Gleeson
Navy Bloodborne Infection Management Center

CDR Jason Palmer
NBHC North Island

CDR Leah Soley
NBHC Portsmouth, NH

CDR Tricia Vanwagner
NBHC Iwakuni

CAPT Frederick Yeo
Navy Undersea Medicine Institute

Special Pays Update Letter

Medical Corps Colleagues,

As we are into the second year of the conversion to the Consolidated Special Pay (CSP) Plan, we wanted to provide an update on the new special pays implementation which is a tri-service initiative with many partners within the Department of Defense. We want to assure you that all of the senior leaders within Navy Medicine are aware of the frustrations and impacts you have experienced during this transition and the associated difficulties the delays continue to create. BUMED, especially the Corps Chief's office and Total Force leadership, have been working with our key partners, like Defense Finance and Accounting Service (DFAS), to resolve the process issues.

Previously our specialty pay requests were received by BUMED, validated, and executed. The CSP program requires DFAS to execute the payment which adds several weeks to the process. The inordinate delay during the first year of the conversion has been, in part, due to the sheer volume of every eligible Medical Corps officer having to convert from the legacy special pay system to the CSP. This added to the re-negotiation requests after last year's pays were published and the new requests from recent graduates overwhelmed DFAS' ability to execute special pay requests within an acceptable time frame leading to a 4 month backlog that they have been trying to recover from since initial execution.

As a result of the immediate and sustained feedback from all of you, your commands and regions, Total Force and DSG/SG were able to elevate this issue to our service and OSD levels for action.

DFAS has increased the number of consolidated pays account specialists to four. However, the new staff did not understand the intricacies involved with medical special pays, thus this initiative has not decreased the amount of time to process requests and has led to inconsistencies in the pay process and some incorrect payments. One process improvement is DFAS stopped retroactively cancelling renegotiated/ converted special pays and creating debts for recoupment and instead are now stopping old pays at the date they perform the actions and crediting the difference between the old pay and new pay amounts.

Navy Medical Special Pays Program and Deputy Chief, Total Force report special pays updates on a bi-weekly basis to the DSG and Deputy Corps Chiefs to ensure transparency and accountability.

This is likely more information than you wanted to know, but you deserved an explanation as to how we got here and what has been done to get things back on track. Currently the following issues are relevant to your planning:

(1) The FY18 NAVADMIN is at PERS and has an expected date of release of mid- December. This is needed for your FY18 special pay requests/re-negotiations/conversions. Once released, officers will have 30 days from the release date of the NAVADMIN to submit requests for special pays effective 01 October 2017.

(2) Medical Corps Chief's office has sent out two notices that BUMED Special Pays does not have special pay con version requests/initial requests from a large number of eligible MC Officers. If you have not requested conversion

Continued From Special Pays Update...

to CSP, or re-negotiated your special pays in the last two years, check with your command special pays coordinator to confirm your status. All remaining officers not already under a CSP contract must submit a special pays request to transition from legacy special pay to CSP by 28 January 2018.

(3) For those who contribute to TSP from your bonuses, check with your PSD to ensure your contributions have been changed from Legacy BCP or Legacy VSP MC to HPO BCP, HPO IP, and/or Retention Bonus. In each instance, you should elect "Incentive Pay for TSP Contribution Purposes," along with its percentage. BUMED Special Pays is not in volved with the TSP. You should contact your local PSD or email the DFAS TSP office at dfas.cleveland-oh.jfl.mbx.ccl-military-tsp@mail.mil

We will continue to provide updates on the Consolidated Special Pay conversion, and all matters impacting your specialty pays as it comes available. If you have any questions that cannot be addressed by your local PSD, please feel free to contact me at robert.a.alonso2.mil@mail.mil or 703-681-8937.

For further assistance, please feel free to contact us directly...

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Medical Corps Challenge Coins

Email CAPT Robert Alonso for ordering information!

High-quality 1.75" coin with classic front and contemporary back. A wonderful memento, gift, or token of appreciation!